



Illinois Department of Transportation

Discrimination Complaint

Your Name	Your Phone Fax	Name of Person (s) That Discriminated Against You
Address (Street No., P. O. Box, Etc.) Email Address		Address and Position of Person (If Known) Contract Number (If Known)
City, State, Zip		City, State, Zip
Discrimination Because of: <input type="checkbox"/> Race/Color <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> National Origin <input type="checkbox"/> Retaliation		Date of Alleged Incident
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your case.		
Signature		Date

Please return completed forms to:
Mr. Elbert Simon, Civil Rights Officer
318 Hanley Building
Illinois Department of Transportation
2300 Dirksen Parkway
Springfield, Illinois 62764